PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06844

# CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH
COUNTY Harford — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (in this place) 24 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural give location) 110 So. Washington St.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Todd (Last) Billingsley
4. DATE OF DEATH: (Month) July (Day) 23 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: January 20 1879
9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Wilmington Del.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John H Billingsley
14. MOTHER'S MAIDEN NAME: Elizabeth Gambrill
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 202-09-5628
17. INFORMANT: Mrs. Katie Billingsley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypostatic Pneumonia — 48 hrs.
420.1
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
94a
(b) Chronic coronary artery disease — 5 years.
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 May, 1949, to 23 July, 1949, that I last saw the deceased alive on 23 July, 1949, and that death occurred at 9:36 a.m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
R B Merwin | M. D. | Havre de Grace Md | 7-23-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 7-26-49 | NAME OF CEMETERY OR CREMATORY: Angel Hill | LOCATION (City, town, or county) (State): Havre de Grace Md.

DATE REC'D BY LOCAL REG.: July 25-49 | REGISTRAR'S SIGNATURE: G. L. Lewis M. D. | 24. FUNERAL DIRECTOR: R. Madison Mitchell | ADDRESS: Havre de Grace, Md.

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JUL 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06845

# CERTIFICATE OF DEATH

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Aberdeen | LENGTH OF STAY (In this place) Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Aberdeen.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Louise (Middle) B. (Last) Carico

4. DATE OF DEATH: (Month) July (Day) 8 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 24 1895

9. AGE last birthday: 53 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Adam Beckstold

14. MOTHER'S MAIDEN NAME: Veronica Bennett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mr. W. Herbert Carico

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170 Immediate cause (a) Carcinoma of Breast — Interval Between Onset and Death: 3½ yr.

50 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Feb 1947

19b. MAJOR FINDINGS OF OPERATION: Scirrhous Carcinoma of Breast with Metastases to axillary nodes

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 23., 1947, to July 8, 1949, that I last saw the deceased alive on July 8, 1949, and that death occurred at 3:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Willard P. Hudson, M.D. Forest Hill Md

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: July 10, 1949 | NAME OF CEMETERY OR CREMATORY: Mt. Zion | LOCATION (City, town, or county) (State): Near Bel Air, Md. Md.

DATE REC'D BY LOCAL REG.: July 10-49 | REGISTRAR'S SIGNATURE: Nellie Z. Riley

24. FUNERAL DIRECTOR: Henry Jarring & Sons Aberdeen, Md. ADDRESS

VS. A15

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JUL 13 1949
BUREAU V. S.

06846

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 8 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace Rt. 1
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Frederick (Middle) Cheatham (Last)

4. DATE OF DEATH (Month) July (Day) 11 (Year) 1949

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Aug. 14-1882
9. AGE last birthday 66 yrs. If under 1 year Months 0 Days 28 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Paul Cheatham
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Mary M. Cheatham (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|---|
| 421.4 | Immediate cause | (a) Chronic Valvular Disease of Heart | years |
| 92d | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Hypertension | years |
| | | (c) Acute Pulmonary Oedema | 8 hrs |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on 11 July, 1949, and that death occurred at 10 10 A. m., from the causes and on the date stated above.

SIGNATURE Charles J. Foley (Degree or title) ADDRESS Havre de Grace DATE SIGNED Md 7-13-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/13/49
NAME OF CEMETERY OR CREMATORY St. James
LOCATION (City, town, or county) (State) Havre de Grace, Md.

DATE REC'D BY LOCAL REG. July 13-49
REGISTRAR'S SIGNATURE A. L. Lewis M. D.
24. FUNERAL DIRECTOR Pennington & Son ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUL 16 1949
BUREAU T. S.

Evidence for change of age shown on:

FILM No. G 121 AUG 31 1949

06847

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY HARFORD, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL-Pylesville
LENGTH OF STAY (in this place) 26 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS AT HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD., COUNTY HARFORD.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - PYLESVILLE
STREET ADDRESS (If rural give location) NEAR PYLESVILLE

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) ANNA (Last) COX

4. DATE OF DEATH (Month) JULY (Day) 31, (Year) 1949

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH OCT. 5, 1896
9. AGE last birthday 52 yrs. If under 1 year: Months 9, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY HOME
11. BIRTHPLACE (State or foreign country) GRASSY CREEK, N.C.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME JOHN SEXTON
14. MOTHER'S MAIDEN NAME WINNIE ABSHER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT MRS. EVERETT PYLE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) PULMONARY EDEMA | 24 Hrs. |
| Antecedent cause(s) | (b) CONGESTIVE HEART FAILURE | 48 Hrs. |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (c) HYPERTENSIVE CARDIOVASCULAR RENAL DISEASE | 5 yrs |

442

B1a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. NONE.

19a. DATE OF OPERATION NONE
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) NO
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1949, to July 31, 1949, that I last saw the deceased alive on July 31, 1949, and that death occurred at 8:45 p.m., from the causes and on the date stated above.

SIGNATURE Charles A. Neff MD. (Degree or title) ADDRESS Street, Harford. DATE SIGNED Aug 3/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Aug 3/49
NAME OF CEMETERY OR CREMATORY Bel Air Memorial Gardens
LOCATION (City, town, or county) Bel Air, Md (State)

DATE REC'D BY LOCAL REG. Aug-1-49
REGISTRAR'S SIGNATURE Priscilla Fourwood
24. FUNERAL DIRECTOR Joseph T. Foster ADDRESS Bel Air Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

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AUG 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

06848

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Harford; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Joppa, Rural; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Joppa

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Joppa. Md; STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) DORA (Middle) ELIZABETH (Last) CRESWELL

4. DATE OF DEATH: (Month) JULY (Day) 21 (Year) 1949

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb 6 1882

9. AGE last birthday: 67 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Harford Co Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph Dolan

14. MOTHER'S MAIDEN NAME: Annie Blair —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Albert B Creswell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) CORONARY THROMBOSIS

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

near (CITY OR TOWN) JOPPA (COUNTY) HARFORD (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J H Ramsey (Degree or title) M.D ADDRESS Aberdeen Md DATE SIGNED July 22, 1949

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF July 24, 1949; NAME OF CEMETERY OR CREMATORY Jerusalem Christian; LOCATION (City, town, or county) Joppa; (State) Md

DATE REC'D BY LOCAL REG. 7/22/49; REGISTRAR'S SIGNATURE Priscilla Towood

24. FUNERAL DIRECTOR W H Archer; ADDRESS Benson Md

RECEIVED
JUL 27 1949
BUREAU F. S.

06849

# MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Churchville
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Churchville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ROBERT (Middle) VINCENT (Last) DWAYER
4. DATE OF DEATH (Month) JULY (Day) 5 (Year) 1949
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Aug. 9th. 1940
9. AGE last birthday 8 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Vincent J. Dwayer
14. MOTHER'S MAIDEN NAME Mary H. Houston
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mary H. Dwayer

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) DROWNING - ACCIDENTAL

929.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

183 (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY POOL
Near (CITY OR TOWN) CHURCHVILLE (COUNTY) HARFORD (STATE) Md.
TIME OF INJURY (Month) JULY (Day) 5 (Year) 1949 (Hour) 6P. m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? APPARENTLY SLIPPED OFF INFLATED INNER-TUBE

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J H Ramsey (Degree or title) M. D. ADDRESS Aberdeen, Md DATE SIGNED July 6, 1949

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial
DATE THEREOF 7/7/49
NAME OF CEMETERY OR CREMATORY Smith Chapel Cemetery
LOCATION (City, town, or county) Churchville Harford (State) Md.
DATE REC'D BY LOCAL REG. July 7-49
REGISTRAR'S SIGNATURE Nellie H. Riley
24. FUNERAL DIRECTOR Henry Tarring and Sons ADDRESS Aberdeen Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 13 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06850

# CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND; CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Rural - Aberdeen; LENGTH OF STAY (in this place) 60 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford; CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Rural - Aberdeen; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) E. (Last) Giles

4. DATE OF DEATH: (Month) July (Day) 27 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 4th 1885

9. AGE last birthday: 63 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Thompson

14. MOTHER'S MAIDEN NAME: Mary C. Giles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mr. Dorsey D. Giles

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cerebral hemorrhage | 1 week. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Malignant hypertension - | 10 years |
| | (c) Chronic Myocarditis | 15 years |

441

93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1940, to July 27, 1949, that I last saw the deceased alive on July 27, 1949, and that death occurred at 7:40 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): John Walbert M.D. ADDRESS: Havre de Grace Md DATE SIGNED: July 28, 1949

23. BURIAL, CREMATION REMOVAL. (Specify): Burial

DATE THEREOF: July 30, 1949

NAME OF CEMETERY ~~OR CREMATORY~~: Mt Calvary

LOCATION (City, town, or county) (State): Near Aberdeen, Md

DATE REC'D BY LOCAL REG.: July 28-1949

REGISTRAR'S SIGNATURE: Nellie L. Riley

24. FUNERAL DIRECTOR: Henry Tarring & Sons ADDRESS: Aberdeen Md

RECEIVED
AUG 2 1949
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06851

# CERTIFICATE OF DEATH

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen; LENGTH OF STAY (In this place) 1 yr. 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8 Swan St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Michigan; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Battle Creek
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Percy (Middle) Lawson (Last) Graham

4. DATE OF DEATH: (Month) July (Day) 12 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Mch. 13 1866

9. AGE last birthday: 83 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Michigan

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Graham

14. MOTHER'S MAIDEN NAME: Isabelle Damage

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. N. Sweet

## 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Cerebral hemorrhage — Interval Between Onset and Death: 1 hour

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Malignant hypertension — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to July 12 1949, that I last saw the deceased alive on July 12, 1949, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Orlie Weibert M.D. Hanselo Sanitarium Mich July 12 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF: July 13 1949

NAME OF CEMETERY OR CREMATORY: Oak Hill

LOCATION (City, town, or county) (State): Battle Creek, Mich

DATE REC'D BY LOCAL REG.: July 13-49

REGISTRAR'S SIGNATURE: Nellie L. Riley

24. FUNERAL DIRECTOR ADDRESS: Henry Tarring & Sons, Aberdeen, Md.

RECEIVED
JUL 16 1949
BUREAU V. S.

Evidence for additions of #21 shown on:

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06852

FILM No. G 121 SEP -6 1949

# CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH** — COUNTY: Harford — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mem Bellair Md — LENGTH OF STAY (in this place): 14 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

**2. USUAL RESIDENCE (HOME) OF DECEASED** — STATE: Chattanooga — COUNTY: TENN
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): 404 S. Kelly St.

| 3. NAME OF DECEASED (Type or Print) | (First) | (Middle) | (Last) | 4. DATE OF DEATH | (Month) | (Day) | (Year) |
|---|---|---|---|---|---|---|---|
| | James | M. | Ingle | | July | 23 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | M | July 6 1878 | 71 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Retired | Hotel | Chattanooga Tenn | |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Wm J. Ingle | Susan Abel |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT |
|---|---|---|
| | | Carl |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

835.0 **Immediate cause** (a) Fracture skull — Instant

186 b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| — | — | Yes ☐ No ☒ |

| 21. ACCIDENT ~~SUICIDE~~ HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | Yard of House | Bel Air | Harford | Md. |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at Work ☐ | Not While At work ☒ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|---|
| 7 | 23 | 49 | m. | | | Truck in which he was riding went over a bump and threw him together with a piano out onto ground. Piano rolled onto his head, crushing skull. (9/2/49 - a.m.s.) |

22. I hereby certify that I attended the deceased from — 19..... to ..... 19....., that I last saw the deceased alive on ..... 19....., and that death occurred at 5:30 P.M., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Gerald C Palmer | M.D. Acting Deputy Medical Examiner | Harford County Bel Air Md. | 7/23/49 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | July 25/49 | Memorial Park Cemetery | Chattanooga | Tenn |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 7/23/49 | Priscilla Fawcett | Joseph T. Foster | Bel Air Md |

VS. A15

RECEIVED
JUL 27 1949
BUREAU P. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

06853

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Bel Air | LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford County Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Street Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Henrietta (Middle) K. (Last) Jones

4. DATE OF DEATH: (Month) July (Day) 28 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify): Widow

8. DATE OF BIRTH: Nov. 4, 1862

9. AGE last birthday: 86 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Harford County, Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. H. Sadler

14. MOTHER'S MAIDEN NAME: Rebecca R Andrews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Miss Ina Jones Bel-Air Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic hypertensive cardio-vascular disease — 15 yrs. ?

443 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Chronic osteoarthritis — 7 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/28 '39 to July 28, 19 49, that I last saw the deceased alive on July 28, 19 49, and that death occurred at 8:50 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Willard P. Hudson M.D — Forest Hill, Maryland. — July 29, 1949

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial | July 31 1949 | Dublin Cem | Harford Co. Md.

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

July 30, 1949 | C. H. Kirk | H. O. Bailey | Darlington Md.

RECEIVED
AUG 13 1949
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

06854

Reg. Dist. No. 185

**1. PLACE OF DEATH:**

County: HARFORD

City or town: RURAL JOPPA
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 YEAR

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Maryland County: Harford Co.

City or town: Joppa
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Pulaski Highway.
(If rural, give LOCATION)

2.(a) If veteran, name war:

**3. (a) FULL NAME:** CHARLES TILTON KELLEY

**3. (b) Social Security Number:**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| male | white | married |

6.(b) Name of husband or wife: Catherine Kelley

6.(c) If alive, give age: 62 years

7. Birth date of deceased (mo., day, yr.): Oct. 18. 1886

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 62 | 8 | 21 | ...hrs. ...min. |

9. Birthplace: Carmichal Pa.
(Town, county, and state)

10. Usual occupation: Contractor + Builder

11. Industry or business: Building

FATHER 12. Name: William Kelley

13. Birthplace: Green Co. Pa.

MOTHER 14. Maiden name: Sarah Roberts

15. Birthplace: Waynesburg, Pa.

16. Informant: Catherine Kelley

Address: Pulaski Hwy. Joppa. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 11-49 (month) (day) (year)

Cemetery or crematory: Hewitts Cemetery

Location: Rices Landing Pa.

18. Funeral director: Frank A. Spurrell

Address: Pikesville, Maryland.

19. July 9th 1949 R.W.
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: JULY 8 1949 at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/8 1949, to 7/8 1949 and that I last saw h alive on I DID NOT SEE HIM ALIVE 19...

| Immediate cause of death | DURATION |
|---|---|
| PROBABLE CORONARY OCCLUSION | 10 MINUTES |
| Due to: HYPERTENSIVE CARDIO-VASCULAR DISEASE | |
| Due to: | |
| Other conditions: | |

420.1
93d

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op. ...

Autopsy results: ...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ... Date of ...

Where did injury occur? ... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): ...

Means of injury: ... Injured at work?

23. SIGNATURE: C. W. Stewart Jr., M.D.
M. D. or other

Address: EDGEWOOD, MD Date signed: 7/8/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

16855

Reg. Dist. No. 18-5

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural give location) 1000 Ontario St.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Benjamin | H. | McVey | July | 28 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Married | 3-27-1889 | 60 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Retired | | Md. | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Joseph L. McVey | Josephine Dollinger |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| — | | Mrs. Estella B. McVey |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Heart Disease

331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral apoplexy

108 (c) terminal Rt. Lower Lobe Pneumonia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from July 25, 1949, to July 28, 1949, that I last saw the deceased alive on July 28, 1949, and that death occurred at 10 35 A.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| E. J. Lewis M.D. | | Havre de Grace Md | July 29, 1949 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 7-31-49 | Angel Hill | Harford Co. Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| July 29-49 | E. J. Lewis M. D. | R. Madison Mitchell | Havre de Grace Md. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06856

# CERTIFICATE OF DEATH

Reg. Dist. No. 185-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; STREET ADDRESS (If rural give location) R D # 2

3. NAME OF DECEASED (Type or Print): (First) Edwin (Middle) Watson (Last) Mitchell

4. DATE OF DEATH: (Month) July (Day) 28 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 24 1896

9. AGE last birthday: 53 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edwin Mitchell

14. MOTHER'S MAIDEN NAME: Florence Swartz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs Osciana V. Mitchell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.0 **Immediate cause** (a) Coronary Occlusion with Myocardial infarction

932 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 17., 1949, to July 28., 1949, that I last saw the deceased alive on July 27, 1949, and that death occurred at 5:40 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) E. H. Bishardt M.D. ADDRESS Harford Memorial Hospital DATE SIGNED July 28-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 7-30-49 | NAME OF CEMETERY OR CREMATORY Mt Zion | LOCATION (City, town, or county) Harford Co (State) Md

DATE REC'D BY LOCAL REG. July 29-49 | REGISTRAR'S SIGNATURE A. L. Lewis M. D.

24. FUNERAL DIRECTOR R. Madison Mitchell ADDRESS Aberdeen Md

RECEIVED
AUG 1 1949
BUREAU V. S.

Evidence for addition of #19a & b shown on:

06857

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 182

FILM No. 6 SEP -7 1949

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abingdon
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
STREET ADDRESS (If rural give location) Md Rural

3. NAME OF DECEASED (Type or Print) (First) Bertha (Middle) Irene (Last) Murray
4. DATE OF DEATH (Month) July (Day) 21 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Dec. 7, 1884
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Fallston Md
12. CITIZEN OF WHAT COUNTRY US

13. FATHER'S NAME John T. Magness
14. MOTHER'S MAIDEN NAME Sarah Irene Knight

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Thomas D. Murray

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Metastatic cerebral embolus | 1 day |
| 174 Antecedent cause(s) | | |
| 48b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Metastatic carcinoma of uterus | 1 year |
| | (c) Pathological fracture of femur (left) from metastasis of Ca. to femur) | 6 mo |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1945
19b. MAJOR FINDINGS OF OPERATION Carcinoma Uterus (Union Mem. Hosp. Balto) (9/7/49 - a.s.)
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1949, to July 21, 1949, that I last saw the deceased alive on July 21, 1949, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE John Wolbert M.D. (Degree or title) ADDRESS Havre de Grace Maryland DATE SIGNED July 22, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 23, 1949
NAME OF CEMETERY OR CREMATORY Union Chapel
LOCATION (City, town, or county) Joppa (State) Md.

DATE REC'D BY LOCAL REG. 7/22/49
REGISTRAR'S SIGNATURE Priscilla Fowood
24. FUNERAL DIRECTOR W H Archer ADDRESS Benson Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 27 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06858

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH**
COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hickory
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Md — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hickory
STREET ADDRESS (If rural, give location):

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Walter | | Norris | July | 16 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| M | White | Married | Mar 30 1882 | 67 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Canner | Tomatoes | Md | US |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Unknown | Unknown |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| yes - 13 yrs Marine Corps. | ✓ | Fred Cooper |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Coronary thrombosis | Immediate |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Coronary artery sclerosis | 3 years |
| | (c) | |

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| None | None | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| None | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| None m. | | |

22. I hereby certify that I attended the deceased from June 14, 1948, to June 17, 1949, that I last saw the deceased alive on June 17, 1949, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Robt Barthel | M.D. | Forest Hill | 7-18-49 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | July 19/49 | Slatesville | Delta Pa |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 7/18/49 | Priscilla Tolwood | Joseph S. Foster | Bel Air Md |

RECEIVED
JUL 22 1949
BUREAU V. S.

M

06859

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 185

| | |
|---|---|
| 1. PLACE OF DEATH — COUNTY: Harford — MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre De Grace — LENGTH OF STAY (in this place): 4 Yrs. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAvre De Grace |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: | STREET ADDRESS (If rural, give location): 415 St Clair |

| | | | | | |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or Print) | (First) Daisy | (Middle) C. Owens | (Last) | 4. DATE OF DEATH | (Month) July (Day) 5, (Year) 1949 19 |
| 5. SEX: Female | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: 12-12-1886 | 9. AGE last birthday: 62 yrs. | If under 1 year: Months / Days; If under 24 hrs.: Hours / Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): House Wife | 10b. KIND OF BUSINESS OR INDUSTRY: own Home | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U S A | | |
| 13. FATHER'S NAME: Henry Tildon | 14. MOTHER'S MAIDEN NAME: Emma Wallace | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT: George W. Owens | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Congestive Heart Failure | 1 month |
| Antecedent cause(s) | (b) Rheumatic Heart Disease | ? |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (c) | |

416
95b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| | | |
|---|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from June 5, 1949, to July 5, 1949, that I last saw the deceased alive on July 4, 1949, and that death occurred at 1 A. m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Daniel D. Dolce | M.D. | Havre de Grace, Harford Md. | July 5 1949 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 7-8-1949 | Jones Memorial | Port Deposit, Md. Rural |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| July 5 49 | A. L. Lewis M. D. | Lee A. Patterson & Son | Perryville, Md. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

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JUL 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06860

# CERTIFICATE OF DEATH

Reg. Dist. No. 185-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 1 hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen — Maryland
STREET ADDRESS (If rural give location) 38 Post Street

3. NAME OF DECEASED (Type or Print): (First) Martin (Middle) Bruce (Last) Pace

4. DATE OF DEATH: (Month) July (Day) 11 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 17 1873

9. AGE last birthday: 76 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: unk.

14. MOTHER'S MAIDEN NAME: unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT: Mrs Era Mae Bantlitz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute enteritis, cause undetermined — Interval between onset and death: 3 days

571.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)

120a

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/11, 1949, to 7/11, 1949, that I last saw the deceased alive on 7/11, 1949, and that death occurred at 6:45 P.m., from the causes and on the date stated above.

SIGNATURE Peter V. Rothwell M.D. (Degree or title) ADDRESS Aberdeen DATE SIGNED 7-14-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 7-14-49 — NAME OF CEMETERY OR CREMATORY Angel Hill — LOCATION (City, town, or county) (State): Havre de Grace, Md.

DATE REC'D BY LOCAL REG. July 14-49 — REGISTRAR'S SIGNATURE G. L. Lewis M.D. — 24. FUNERAL DIRECTOR R. Madison Mitchell — ADDRESS Havre de Grace, Md.

RECEIVED
JUL 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 185 — 16861

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Hartford Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre-de-Grace
LENGTH OF STAY (In this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland ~~COUNTY~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 610 N. Calvert St.

3. NAME OF DECEASED (Type or Print): (First) STEVEN (Middle) (Last) PREKUPAS

4. DATE OF DEATH: (Month) July (Day) 21 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1887

9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: Gardner

11. BIRTHPLACE (State or foreign country): Arad, Romania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Theodore Prekupas

14. MOTHER'S MAIDEN NAME: Flora Brendess

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mercy Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

975
1646

**Immediate cause** (a) DROWNING

**Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: River
(CITY OR TOWN): Havre de Grace (COUNTY): Harford (STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): July 21 1949 — m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| H. Ramsey | M. D. | Aberdeen, Md. | July 21, 1949 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | July 22-1949 | Cathedral | Baltimore |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| July 21-49 | G. L. Lewis M. D. | H. W. Meuser Son | 805 N. Calvert St Baltimore 2, Md. |

VS. A15A

RECEIVED
JUL 25 1949
BUREAU V. S.

06862

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford County Alms House

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Laura (Middle) (Last) Ross

4. DATE OF DEATH (Month) July (Day) 5 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH Sept. 26, 1878

9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Harford County, Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Milway

14. MOTHER'S MAIDEN NAME Sarah Doxen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT Edward Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Stomach

151

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) None

46b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chr. Cardio-vascular Disease

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 2, 1945, to July 4, 1949, that I last saw the deceased alive on July 1st, 1949, and that death occurred at 6:30 A. m., from the causes and on the date stated above.

SIGNATURE Willard P. Hudson, M.D. (Degree or title) ADDRESS Forest Hill, Maryland. DATE SIGNED July 5, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF July 9/49

NAME OF CEMETERY OR CREMATORY Mt Zion

LOCATION (City, town, or county) Fountain Green (State) Md

DATE REC'D BY LOCAL REG. 7/5/49

REGISTRAR'S SIGNATURE Pinella Forwood

24. FUNERAL DIRECTOR Jos. T Foster ADDRESS Bel Air Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

06843

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY HARFORD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS STATION Hosp.- A.P.G.-Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY HARFORD.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural give location) 223 Wilson St.

3. NAME OF DECEASED (Type or Print): (First) Schoonover, (Middle) Thomas (Last) Andrew

4. DATE OF DEATH: (Month) July (Day) 9 (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 6 1949

9. AGE last birthday yrs. | If under 1 year: Months | Days 3 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Aberdeen, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Schoonover, John William

14. MOTHER'S MAIDEN NAME: Webb, Iris Josephine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

776 Immediate cause (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 4 days

159 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 July, 1949, to 9 July, 1949, that I last saw the deceased alive on 9 July, 1949, and that death occurred at 11:40 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Lt. M. Seltzer, M.D. A.M.C. Station Hospital 9 July 49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 14-1949 — NAME OF CEMETERY OR CREMATORY: Parkes — LOCATION (City, town, or county) (State): Aberdeen Md

DATE REC'D BY LOCAL REG.: July 14-49 — REGISTRAR'S SIGNATURE: Nellie A. Riley

24. FUNERAL DIRECTOR — ADDRESS: Hendy Tanning & Sons' Aberdeen Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 16 1949
BUREAU U. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06863

# CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford Co. | Aberdeen Proving Ground, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Station Hodpital A.P.G.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE | COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Darlington Md. Harford Co.
STREET ADDRESS (If rural, give location)

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Robert | L | Steele | July | 4 | 1949 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Infant | Nov. 1948 | yrs. | 8 | | | |

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Attleboro Mass
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Archibald H. Steele
14. MOTHER'S MAIDEN NAME: Doris Keyes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Archibald H. Steele

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 570.5 Immediate cause | (a) Intestinal Obstruction | 48 to 56 h |
| 122b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| 4 July 1949 | Intestinal Obstruction | Yes ☐ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from 4 July, 1949 to 4 July, 1949, that I last saw the deceased alive on 4 July, 1949, and that death occurred at 6 Oclock P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Firmadge King Nichols M.D. ADDRESS: Station Hospital Aberdeen Proving Groun DATE SIGNED

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Removal | 7/5/49 | Wal Pole | Wal Pole Mass. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| July 5-49 | Nellie L. Riley | Henry Tarring & Sons. | Aberdeen Md. |

RECEIVED
JUL 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Bc 06864

Reg. Dist. No. 180

1. PLACE OF DEATH: COUNTY Harford Co. Edgewood MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY ~~Harford~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Md
STREET ADDRESS (If rural, give location) 4620 Schenley Rd

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) A (Last) THOMPSON 3rd
4. DATE OF DEATH (Month) July (Day) 25 (Year) 1949
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Aug 15 - 1931
9. AGE last birthday 17 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY U.S. Soldier
11. BIRTHPLACE (State or foreign country) Baltr
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Wm A Thompson II
14. MOTHER'S MAIDEN NAME Eunice Petersen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war, or dates of service) at Present
16. SOCIAL SECURITY NO.
17. INFORMANT Wm A Thompson II

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

984 Immediate cause (a) GUNSHOT WOUND OF HEAD - .38 CAL BULLET

166 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY FIELD EDGEWOOD, Md.
(CITY OR TOWN) EDGEWOOD (COUNTY) HARFORD (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) JULY 25 1949 3:15 A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? SHOT WHILE EVADING ARREST

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE J H Ramsey (Degree or title) M.D. ADDRESS Aberdeen, Md DATE SIGNED July 25, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 27/49
NAME OF CEMETERY OR CREMATORY Baltr Nat'l
LOCATION (City, town, or county) Baltimore City (State) Md
DATE REC'D BY LOCAL REG. July 27, 1949
REGISTRAR'S SIGNATURE Marie M Monledale
24. FUNERAL DIRECTOR Howard K. McCormack Son ADDRESS Abingdon Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06865

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Edward (Last) Toney

4. DATE OF DEATH: (Month) July (Day) 26 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 17, 1874

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Harford County, Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Toney

14. MOTHER'S MAIDEN NAME: Fannie Guy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Hannah Rice Toney

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Cerebral Thrombosis | 10 days |
| 331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a | (b) Generalized Arteriosclerosis | |
| | (c) Cerebral hemorrhage with right sided hemiplegia. | 22 months. |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. ..., 1944, to July 26, 1949, that I last saw the deceased alive on July 26, 1949, and that death occurred at 4:10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Willard P. Hudson, M.D. Forest Hill, Maryland. July 27, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: July 29, 1949

NAME OF CEMETERY OR CREMATORY: Hendon Hill

LOCATION (City, town, or county) (State): Watervale Road, Harford. Md.

DATE REC'D BY LOCAL REG. 7/28/49

REGISTRAR'S SIGNATURE: Priscilla Fowood

24. FUNERAL DIRECTOR ADDRESS: Joseph T Foster Baltimore, Md

RECEIVED
AUG 2 1949
BUREAU V. S.